

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>[Signature]</i>	<i>[Redacted]</i>	<i>10/10/00</i>
<b>O.I.P.E. CLASSIFIER</b>			<i>10/10/00</i>
<b>FORMALITY REVIEW</b>	<i>[Signature]</i>	<i>64934</i>	<i>9-22-00</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>[Signature]</i>	<i>64934</i>	<i>12-5-00</i>

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE